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SJR10

Chair and members of the committee, for the record, my name is Jon Dalton, I am a Nevada veteran and I represent the Nevada Coalition for Psychedelic Medicines.

The Working Group Report has outlined the scientific evidence and clinical research supporting psychedelic-assisted therapy. It has also addressed shortcomings on the federal level of how these medicines are classified. I come before you today to address the urgent need for federal action and to articulate the serious consequences if Congress fails to act.

Despite growing research and bipartisan recognition of the potential benefits of psychedelic-assisted therapy, the federal classification of these compounds remains a roadblock. Under Schedule I of the Controlled Substances Act, these medicines are classified as having no accepted medical use and a high potential for abuse—a designation that directly contradicts FDA-recognized Breakthrough Therapy designations and extensive clinical research.

This outdated classification creates three critical barriers:

1. It stalls medical research and innovation
    - Leading research institutions such as Johns Hopkins, Stanford, Yale, and NYU have dedicated programs for psychedelic science, and even our own beloved University of Las Vegas with Dr. Hines leading the way, studies the science behind psychedelics, yet Schedule I restrictions significantly slow down clinical trials and funding opportunities.
    - Physicians and researchers face excessive bureaucratic hurdles compared to studies involving other controlled substances, even those with higher abuse potential.
    - Without federal action, progress in developing these treatments will continue to lag, delaying access to life-saving therapies.
2. It blocks patient access, even when evidence supports treatment
    - Patients with PTSD, depression, and substance use disorders—many of whom have exhausted all conventional treatment options—are unable to access these therapies due to federal restrictions. I myself have had to leave the country and travel to Tijuana, Mexico so I could legally engage in what was truly a life-saving therapy.

- The Right to Try Act, which allows terminally ill patients to access investigational treatments, does not apply to Schedule I substances, meaning that individuals in dire need are denied potential relief. That means our veterans and first responders with Major Depressive Disorder and are actively engaging in suicidal ideation, as well as end of life, terminally ill patients who suffer with that specific and terrible kind of anxiety cannot be treated by these medicines despite dozens of studies validating treatment efficacy.

3. It creates legal and public health uncertainty as states and local municipalities move forward
    - Many states and municipalities are not waiting any longer. They are moving ahead with their own psychedelic reform efforts, including Oregon and Colorado, which already have established regulated frameworks for psilocybin therapy.
    - Without federal clarity, these efforts exist in a legal gray area, where patients and providers face uncertainty, potential federal intervention, and an inability to get their treatments covered by health insurance.
    - SJR10 calls on Congress to reschedule these medicines and provide federal legal protections for individuals and entities complying with state and local laws—ensuring that jurisdictions that choose to regulate these treatments can do so without the threat of federal prosecution.

Congress has already taken preliminary steps, including:

- The National Defense Authorization Act (NDAA) of 2024, which directed the Department of Defense to fund psychedelic clinical trials for active duty service members.
- The Department of Veterans Affairs has already funded research initiatives on MDMA-assisted therapy for PTSD and alcohol use disorder. They are also studying psilocybin when used in conjunction with psychotherapy to treat PTSD, depression, and anxiety

But more must be done. SJR10 urges Congress to increase federal research funding, streamline approval processes, create a pathway for compassionate use, reschedule these compounds to reflect their medical potential, and establish legal protections for state-regulated psychedelic therapies.

With bipartisan support behind this resolution, Nevada is standing up to demand federal action—ensuring that science, not outdated drug policies, dictates access to life-saving treatment.

I mentioned this is a bipartisan effort and, here in Nevada, that is true. Doing something to change the course of our state's mental health crisis is truly something we can all come together on. Having said that, we are not alone. Today, there are a total of 28 states that have active or recently passed legislation advancing psychedelic therapy. Out of those 28 states, 14 are red states and 14 are blue states. They all recognize these alternative treatments have profound benefits to cure our most challenging mental health disorders.. These are states like Texas,

Utah, Georgia, West Virginia, and Kentucky, to name a few. Three out of four of our neighboring states are also on that list.

Each of those 28 states is pushing forward because the federal government has not acted so they're not waiting, and yet for all of them to get insurance carriers to pay for this treatment, and avoid federal intervention, these medicines must be shifted off of schedule one. Everyone of those other states needs Congress to take action. This is an easy win, and it will send a clear message to our fellow States that Nevada will lead the way.

I welcome any questions from the committee.